DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

CLEAR SPRING FOOD INC.

ADDRESS:

P.O. BOX 712 BUHL, ID 83316

FACILITY:

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 4/30/2014 4/1/2014

DMR Mailing ZIP CODE:

83316

MINOR

(SUBR 05)

FACILITY TOTAL Sum

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****			,	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
pH	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*:			*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT				*****						000
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	lb/d	*****	Req. Mon. MO AVG	7.8 DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****	311111111111111111111111111111111111111					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	29 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TIT	LE	PRINCIPAL	EXECUTIVE	OFFICER

Vice TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for wing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

AREA Code NUMBER

TELEPHONE

MM/DD/YYYY

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

CLEAR SPRING FOOD INC.

ADDRESS:

P.O. BOX 712 BUHL, ID 83316

FACILITY:

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

4/30/2014

DMR Mailing ZIP CODE:

83316

MINOR

(SUBR 05)

FACILITY TOTAL

Sum



		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	11 MO AVG	19 DAILY MX	ug/L		Monthly	GRAB

4/1/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

AREA Code

TELEPHONE

NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DATE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

CLEAR SPRING FOOD INC.

ADDRESS:

P.O. BOX 712 BUHL, ID 83316

FACILITY:

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 3/1/2014 3/31/2014

DMR Mailing ZIP CODE:

83316

MINOR

(SUBR 05)

FACILITY TOTAL

Sum

No Discharge



•		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
pH	SAMPLE MEASUREMENT	*****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****			V.		35.0	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Monthly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5			*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	lb/d	*****	Req. Mon. MO AVG	7.8 DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	29 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Min 4/24/10

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

CLEAR SPRING FOOD INC.

ADDRESS:

P.O. BOX 712 BUHL, ID 83316

FACILITY:

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 3/31/2014

DMR Mailing ZIP CODE:

83316

MINOR

(SUBR 05)

FACILITY TOTAL

Sum

No Discharge



		QUA	NTITY OR LOADING	3		QUALITY OR COM	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	/9×****	*****		Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	. /					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	11 MO AVG	19 DAILY MX	ug/L		Monthly	GRAB

3/1/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for owing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TELEPHONE DATE

AREA Code NUMBER

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

CLEAR SPRING FOOD INC.

ADDRESS:

P.O. BOX 712 BUHL, ID 83316

FACILITY:

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

MM/DD/YYYY 2/1/2014

MM/DD/YYYY 2/28/2014

DMR Mailing ZIP CODE:

83316

MAR 2 4 2014

Sum

MINOR

(SUBR 05)

FACILITY TOTAL

No Discharge



		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****		*****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
pH	SAMPLE MEASUREMENT	*****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****	*	in g				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT			-	*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	lb/d	*****	Req. Mon. MO AVG	7.8 DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	29 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE

AREA Code

MM/DD/YYYY

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NUMBER

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

CLEAR SPRING FOOD INC.

ADDRESS: P.O. BOX 712 BUHL, ID 83316

FACILITY:

50060 1 0

Effluent Gross

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

PERMIT

REQUIREMENT

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

2/28/2014

11

MO AVG

DMR Mailing ZIP CODE:

83316 MAR 2 4 2014

MINOR

(SUBR 05)

FACILITY TOTAL

ug/L

Sum

19

DAILY MX

GRAB

No Discharge

Monthly

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	1		****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****						

2/1/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		la o Manill	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	6	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations,		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

CLEAR SPRING FOOD INC.

ADDRESS: P.O. BOX 712

P.O. BOX 712 BUHL, ID 83316

FACILITY: CLE

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

1/1/2014 1/31/2014

DMR Mailing ZIP CODE:

83316

MINOR

(SUBR 05)

FFB 2 4 20

FACILITY TOTAL

Sum

No Discharge



		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****		*****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT			V	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	×			*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	3.3 MO AVG	6,6 DAILY MX	lb/d	*****	Req. Mon. MO AVG	7.8 DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	29 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

JOHN R Mac MILLAN VICE PRESIDENT

TYPED OR PRINTED

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208-543-3456 02/10/201

TELEPHONE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

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ADDRESS:

P.O. BOX 712 BUHL, ID 83316

FACILITY:

CLEAR SPRINGS FOODS INC - FISH PROCESSING PLANT II

LOCATION: 1581 CLEAR LAKE ROAD

BUHL, ID 83316

ATTN: JOHN R. MacMILLAN, VP

IDG132001 SUM-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

1/31/2014

DMR Mailing ZIP CODE:

83316

MINOR

(SUBR 05)

FACILITY TOTAL

Sum

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	11 MO AVG	19 DAILY MX	ug/L		Monthly	GRAB

1/1/2014

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AREA Code NUMBER

TELEPHONE

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